355699

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SEC Mail Processing Section

FEB 25 2008

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

Washington, DC SECTION 4(6), AND/OR
110 UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix .	Serial					
DATE RECEIVED						
- 1	1					

Name of Offering (check if this is an amendment and name has changed, and indicate change.) HABER INC 504 OFFering	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: Amendment	☐ ULOE
A. BASIC IDENTIFICATION DATA	1 (19 m 113) 1 (19 m
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) HABER Inc.	08040556
Address of Executive Offices (Number and Street, City, State, Zip Code) 8 Med Ford St Arlington Mass 02474 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code) 78/643 2737 Telephone Number (Including Area Code)
Brief Description of Business RESEARCH & DEV. Co PRECIOUS METALS EXTRACTION Type of Business Organization Corporation limited partnership, already formed other (pi	AT RECOVERY lease specify): PROCESSED
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: Later two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	FINANCIAL
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	A notice is deemed filed with the U.S. Securities clow or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied with the SEC.	rt the name of the issuer and offering, any changes ied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	cemption. Conversely, failure to file the ss such exemption is predictated on the

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Albert B. Conti - Chairman & CEO -HABER Inc.
Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers. Boutest that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Albert B. Contil - Chalanan CEO - HIBER Told, So or Residence Address (Number and Street, City, State, Zip Code) Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Managing Partner Each executive Officer Director General and/or Managing Partner Managing Partner Each executive Officer Director General and/or Managing Partner Managing Partner Each executive Officer Director General and/or Managing Partner Managing Partner Managing Partner Beneficial Owner Executive Officer Director General and/or Managing Partner Managing Partner Managing P
58 ME STORD ST ARlington MASS 02474
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner 🗡 Executive Officer 🗹 Director 🔲 General and/or
Peter R. D'Angelo - EUPY (FO - HABER In Managing Partner
Full Name (Last name first, if individual)
58 MENFORD ST ActingTon MASS 02474
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Full Name (Last name first, if individual)
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Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Full Name (Last name first, if individual)
·
Business or Residence Address (Number and Street, City, State, Zip Code)
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. I.	VFORMATI	ON ABOU	T OFFERE	NG				
1.	Has the	icener cold	l or does t	he icener i	atend to se	il to non-a	ccredited i	nvestors in	this offeri	ing?		Yes	No 🔀
١.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.							••••••		125.			
2.									\$ /	N/A			
	2. What is the minimum investment that will be accepted from any individual:							Yes	No				
3.	3. Does the offering permit joint ownership of a single unit?									K			
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	•	11	first, if ind										
Bu	siness or	Residence	Address (N	lumber and	1 Street, Ci	ty, State, Z	ip Code)						
					, 		<u> </u>						
Na	me of Ass	sociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit l	Purchasers						· ·
	(Check	"All States	s" or check	individual	States)			***************************************	***************************************		***************************************	☐ AI	1 States
	AL IL MT RI	IN NE SC	IA NV SD	KS NH TN	CA KŸ NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	ll Name (Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Na	me of Ass	sociated B	oker or De	aler									
Sta	tes in Wh	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers				·		
	(Check	"All State:	s" or check	individual	States)	•••••						☐ Al	II States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Fu	II Name (Last name	first, if ind	ividual)			****	•		-			
Bu	siness or	Residence	Address (Number an	d Street, C	ity, State,	Zip Code)			·			
Name of Associated Broker or Dealer													
Sta	ites in Wh	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	- ··					
□ 10	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)							I States					
	AL IL MT	AK IN NE	AZ) IA NV SD	AR KS NH	CA KY NJ	CO LA NM	ME NY	DE MD NC	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1 . 3

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	ζ	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	s
	Equity 277,777 Shaces @ 09 \$	\$ 25,000	\$ 25,000
	Common Preferred		_ ·
	Convertible Securities (including warrants)	s	s
	Partnership Interests		
	Other (Specify)		
	Total	2 00.0	s 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.	25,000	\$5,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicat the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." T.J. Management Group LC 720 Beazos St. Suite 115 Austin Tx. 783	e r	Aggregate Dollar Amount
			of Purchases
	Accredited Investors		s 35,000
	Non-accredited Investors		-
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	s e	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		<u> </u>
	Regulation A	·	\$
	Rule 504		sO
	Total	0	\$ 0.00 <u>C</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insure. The information may be given as subject to future contingencies. If the amount of an expenditure in not known, furnish an estimate and check the box to the left of the estimate.	•.	
	Transfer Agent's Fees	[
	Printing and Engraving Costs	[
	Legal Fees	[
	Accounting Fees	[
	Engineering Fees		
	Sales Commissions (specify finders' fees separately)	-	
	Other Expenses (identify) Finders Fees	_	5 1700
	Total		\$ 0.00 / 700

ало	Enter the difference between the aggregate offering price given in response to Part C — Question d total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted groceeds to the issuer."	oss	s-0.0023.300
eac cho	dicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used ch of the purposes shown. If the amount for any purpose is not known, furnish an estimate accept the box to the left of the estimate. The total of the payments listed must equal the adjusted groceeds to the issuer set forth in response to Part C — Question 4.b above.	and	
		Payments to Officers, Directors, & Affiliates	Payments to Others
Sal	laries and fees	🗆 \$	\$
Pu	rchase of real estate	🔲 \$	_ [\$
	rchase, rental or leasing and installation of machinery d equipment	S	_ 🗆 \$
Co	enstruction or leasing of plant buildings and facilities	🗀 \$	_ []\$
off	equisition of other businesses (including the value of securities involved in this fering that may be used in exchange for the assets or securities of another uer pursuant to a merger)	□\$	□\$
	payment of indebtedness	_	_
	orking capital		
	her (specify):		•
_		 : [] \$	\$
Co	olumn Totals	🗆 \$ 0:00	s 0.00
To	tal Payments Listed (column totals added)	_s_0	0.00
	D. FEDERAL SIGNATURE		
signatu	uer has duly caused this notice to be signed by the undersigned duly authorized person. If this no re constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comprehension furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2)	mission, upon writt	
Issuer ((Print or Type) Signatur	Date	

HABER, Inc.

Name of Signer (Print or Type)

Albert B. Conti

Chairman & CEO

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

